



VACCINE RETURN and TRANSFER FORM

(Form Instructions on Back)

| | | | | | |
|-------------------------------|--|------------------------------------|--|---------------------------------|--|
| 1. Date Submitted | | 2. VFC Identification Number (PIN) | | 3. Telephone Number () | |
| 4. Name of Clinic or Provider | | | | 5. Contact Name | |

| 6. Vaccine Name | 7. Lot Number | 8. Expiration Date | 9. # of Doses | 10. Reason Returned (see #11 below) A, B, C, Transferred D (circle one only)* | VFC PROGRAM USE ONLY | | | | | |
|-----------------|---------------|--------------------|---------------|---|----------------------|-------------|--------------|------------------|------------------------|-------|
| | | | | | VACMAN Entry | Manuf. Name | Funding Type | Purchase Percent | Not Found in Inventory | Other |
| 1) | | | | A B C D | | | | | | |
| 2) | | | | A B C D | | | | | | |
| 3) | | | | A B C D | | | | | | |
| 4) | | | | A B C D | | | | | | |
| 5) | | | | A B C D | | | | | | |
| 6) | | | | A B C D | | | | | | |
| 8) | | | | A B C D | | | | | | |
| 9) | | | | A B C D | | | | | | |
| 10) | | | | A B C D | | | | | | |

11. Reason returned (A, B, C); complete D for transfer *(Circle applicable letter in table, #10):

(See instructions on back)

A. Expired.

B. Damaged in Shipment.

C. Spoiled.

D. Viable vaccine transferred to VFC provider: Name: _____ VFC Pin No.: _____

*Notify the Utah VFC Program immediately of any vaccine loss or transfer of vaccines. **Include ALL required documentation with the shipment of vaccines.**

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|---|---|
| US Mail: Utah Department of Health Immunization Program P.O. Box 142001 Salt Lake City, UT 84114-2001 | UPS/FedEx: Utah Department of Health Immunization Program 288 N. 1460 W. Salt Lake City, UT 84116 |
| Phone: _____ | (801) 538-9450 |
| Fax: _____ | (801) 538-9440 |

Instructions for Completing the Vaccine Return and Transfer Form

- 1-5. *Date Submitted , VFC Identification Number (Pin), Telephone Number, Name of Clinic or Provider, Contact Name* - Information on the VFC provider transferring or returning vaccine from their inventory. **Please include your VFC assigned pin number.**
- 6-9. *Vaccine Name, Lot Number, Expiration Date, # of Doses* – Vaccine type, lot number, expiration date, and number of doses to be returned or transferred.
10. *Reason Returned* – Please circle the correct reason in the table provided (see #11 for definitions).
11. *Reason Returned definitions and instructions.*
- (A) **Expired:** Notify the Utah VFC Program and include this completed form with the shipment of vaccines.
- (B) **Damaged:** Notify the Utah VFC Program and include this completed form with the shipment of vaccines.
- (C) **Spoiled:** For all spoilage incidents, fax the following to the Utah VFC Program and enclose all copies with your shipment of vaccines:
- 1) The completed Vaccine Return and Transfer form.
 - 2) An incident report of the events that led to the vaccine spoilage.
 - 3) A plan of action to keep it from reoccurring,
 - 4) The completed Emergency Response Worksheet.
 - 5) Additional documents may also be required. Contact the Utah VFC Program for assistance.
- (D) **Transfers:** **Prior approval from the Utah VFC Program is required.** Complete the receiving provider information. Fax this form to the Utah VFC Program and enclose a copy with vaccine shipment.

General Notes on Vaccine Use, Return, and Transfer

- At the first sign of a refrigerator failure or other incident that may cause an interruption in maintaining the “cold chain,” refer to your Emergency Vaccine Handling Plan and complete the *Emergency Response Worksheet*. Refrigerate the vaccines appropriately and don’t assume that they cannot be salvaged.
- Notify the Utah VFC Program immediately of any vaccine losses (expired, damaged in shipment, or spoiled). If a loss was due to failure to follow established vaccine handling procedures, you may be asked to reimburse or replace the wasted product.
- Use vaccines through the printed expiration date. If an expiration date is month and year only, it is viable until the last day of that month
- Return only those vaccines received from the Utah Immunization Program/Utah VFC Program. **Never return viable vaccines to the Utah VFC Program;** instead transfer them to another VFC Provider. Please contact the Utah VFC Program for assistance.
- Obtain prior approval from the Utah VFC Program when transferring vaccines to another VFC provider. Follow proper guidelines for transporting, packing, and shipping vaccines. Contact the Utah VFC Program at (801) 538-9450 for information on packing and physical transport of viable vaccines between providers.
- Contact the Utah VFC Program at (801) 538-9450 for additional information or training on vaccine storage and handling.